

APPLICATION FOR FINDING OF SUITABILITY

CGCC-100 (Rev. 06/08)



State of California
California Gambling Control Commission
2399 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833-4231
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APPLICATION FOR FINDING OF SUITABILITY GAMING RESOURCES SUPPLIER / FINANCIAL SOURCES PROVIDER (VENDOR)

The California Tribal-State Gaming Compact requires that any Gaming Resources Supplier who directly or indirectly provides at least twenty-five thousand dollars (\$25,000) in Gaming Resources in any 12-month period, or any Financial Source Provider extending financing directly or indirectly in connection with a Tribe's operation, shall be licensed by the Tribal Gaming Agency prior to providing such services. In addition to this requirement, Gaming Resources Suppliers and Financial Source Providers shall apply to the State Gaming Agency for a determination of suitability for licensure. The State Gaming Agency consists of the California Gambling Control Commission and the Bureau of Gambling Control of the California Department of Justice, which are entities of the State of California and not of the Tribe. The purpose of this application is to obtain information that is necessary to determine whether the Gaming Resources Supplier or Financial Source Provider meets suitability requirements for licensure under state law.

Instructions:

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned.

You must provide truthful information in all your responses in this application. All information provided and all answers to questions will be subject to verification by the State Gaming Agency. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Send the completed application package with required fees/deposits (listed below) to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231. Please make all checks payable to the California Gambling Control Commission.

Name of Gaming Resource Supplier/Provider	Name of Applicant (Individual or Entity)
Please check one box indicating if you are applying for an initial or renewal Finding of Suitability.	
<input type="checkbox"/> INITIAL	
Application Fee: \$500 Non-refundable, per application (Business, Individual, and Trust)	
<u>Please Note:</u> A completed <i>Supplemental Background Investigation Information</i> package and a minimum background deposit of \$20,000 will be requested at a later date.	
<input type="checkbox"/> RENEWAL	
Application Fee: \$500 Non-refundable, per application (Business, Individual, and Trust)	
Background Deposit: \$1,000 (Business) Other applicants may be responsible for background deposits upon notification from the Bureau of Gambling Control. <i>Unused portion of background deposit will be refunded.</i>	

SECTION 1 – TYPE OF APPLICATION (check one box)

Check one box indicating the type of application. Submit application with required fees/deposits and forms/information listed below with your *initial* or *renewal* application.

☐ **Business (Vendor):** As indicated in section 4 of this form **(Complete all sections except section 5)**

- ✓ Authorization to Release Information, DGC-APP. 006
 ✓ Current Organization Chart

- ✓ Copy of Secretary of State annual certification
 ✓ Listing of current Tribal licenses in California and/or other states.

☐ **Individual (Principal):** As indicated in section 5 of this form **(Complete all sections except section 4)**

- ✓ Authorization to Release Information, DGC-APP. 006

- ✓ Two (2) FBI Fingerprint Cards (non-California residents) or
 Live Scan Service Form (California residents) – *Initial Application submission only*

☐ **Trust: (Complete all sections except section 3)**

Contingent Beneficiaries: Do not submit an application if benefits are contingent upon a specific future event or circumstance.

- ✓ Authorization to Release Information, DGC-APP. 006

SECTION 2a –BUSINESS / TRUST INFORMATION

Please provide the following contact information for each vendor business / trust within the organization.
 If more than one business / trust, provide the information requested below on a separate sheet of paper.

Business/Trust Name	Telephone Number ()
Mailing Address	Fax Number ()

SECTION 2b – VENDOR BUSINESS TYPE (check all that apply)

☐ **Gaming Resource
Supplier**

☐ **Financial
Source**

☐ **Management
Contractor**

☐ **Consultant**
 (As defined in the California Tribal-State Compact)

Describe the type of product(s) and/or services provided.

SECTION 3 – LICENSE INFORMATION

Please provide a list of any gaming licenses, findings of suitability, permits, certificates and/or registrations that are pending or in effect.

Are you or have you been licensed with any other Tribal, State, Federal or International Gaming Agency(ies)? ☐ Yes ☐ No

If yes, please provide the Gaming Agency information below.

GAMING AGENCY	ISSUE DATE	EXPIRATION DATE

(Please attach a separate sheet of paper if additional space is needed)

SECTION 4 – ORGANIZATION STRUCTURE (Check all that apply)

Attach a current organization chart for each organization indicating names, job titles and lines of accountability of employees.

- ☐ Sole Proprietor
☐ Partnership
☐ Joint Venture
☐ Limited Liability Company
☐ Other: _____

- ☐ Corporation:
☐ Publicly Traded
☐ Private:
☐ Sub-Chapter S
☐ Sub-Chapter C

Provide the following information regarding the organization. Include all shareholders with a greater than 10% in ownership and any individuals or businesses with significant influence over the organization. For members of a Limited Liability Company, list membership interest in the ownership column. For partners, please indicate whether general or limited partner after their name. For officers, directors, and principal management employees that have no ownership, enter 0% in the ownership column. If additional space is needed, please provide the information on a separate sheet of paper.

Business / Individual's Name (Last, First, MI)	Title	Business / Individual's Address of Record*	Ownership % (if any)	Compensation Arrangement

SECTION 5 – INDIVIDUAL INFORMATION

Please indicate your association with the business.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Partner
<input type="checkbox"/> General Partner
<input type="checkbox"/> Limited Partner | <input type="checkbox"/> Officer
<input type="checkbox"/> Director
<input type="checkbox"/> Shareholder
<input type="checkbox"/> Investor | <input type="checkbox"/> Board of Directors Member
<input type="checkbox"/> LLC Member
<input type="checkbox"/> General Manager
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Trustor
<input type="checkbox"/> Trustee
<input type="checkbox"/> Current Beneficiary |
|--|--|--|--|

Last Name First Name Middle Initial

Other names you have used or been known by (aliases, maiden name, nicknames, other name changes; legal or otherwise)

*Address of Record – Number/Street (See page 4 for note) Apt. / Unit Number

City County State Zip Code Country

Residence Address, if different than above

Contact Numbers Home: () Work: () Fax: () E-mail Address:

Birthdate (mm/dd/yyyy) Gender ☐ Male ☐ Female **Social Security Number (See page 4 for note)

SECTION 6– RENEWAL INFORMATION

Complete this section only if you are **renewing** your Finding of Suitability. If you answer “**Yes**” to any of the questions below, please provide an explanation on a separate sheet of paper and attach to the application.

A) Business Renewal:	
1. Have there been any changes affecting ownership or controlling interest with this business since the last Finding of Suitability was granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the business been a party to any civil litigation that could require contingent liability disclosure since the last Finding of Suitability was granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the business been named in any administrative action in California or other states affecting any license certification since the last Finding of Suitability was granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the business applied for a permit, license, Finding of Suitability, certificate, registration or authorization related to gaming in any jurisdiction that was withdrawn and/or denied since the last Finding of Suitability was granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Individual Renewal:	
1. Have you been a party to any civil litigation since your last Finding of Suitability was granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been named in any administrative action in California or other states affecting any license certification since your last Finding of Suitability was granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been convicted of any crime (misdemeanor or felony) since your last Finding of Suitability was granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you applied for a permit, license, Finding of Suitability, certificate, registration or authorization related to gaming in any jurisdiction that was withdrawn and/or denied since your last Finding of Suitability was granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Trust Renewal:	
1. Have there been any changes to the trust since your Finding of Suitability was granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION 7– AUTHORIZED REPRESENTATIVE / DESIGNATED AGENT INFORMATION

A Designated Agent must be assigned to represent the applicant and serve as a liaison between the Commission and Bureau. Please note applicants representing themselves must complete this section and should mark “Other” and indicate “Self” regarding the relationship.

Last Name		First Name	Middle Initial
Relationship to Business, Trust, or Individual: <input type="checkbox"/> Owner <input type="checkbox"/> Attorney <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____			Business Name, if applicable
Mailing Address			
Physical Address, if different than above			
Telephone Number ()	Fax Number ()	E-mail Address	

SECTION 8– DECLARATION / SIGNATURE

An applicant applying as an individual must sign on his or her own behalf. If applying as a business entity, the highest ranking officer must sign on behalf of the entity. If applying as a trust, the trustor must sign on behalf of the trust.

I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.

Name of Individual Completing this Application (typed or printed)	Title
Signature	Date

*Once the Commission has found you suitable, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.) and will be placed on the Internet. The Commission will mail all correspondence to this address. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box (PMB). However, if your address of record is not your residence address, you must also provide your residence address to the Commission, in which case your residence will not be available to the public.

**Disclosure of your U.S. social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520 or for verification of licensure. If you fail to disclose your social security number, your application will be considered incomplete.